

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JW	7531	
O.I.P.E. CLASSIFIER			19 4/21/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		(60871)	(5-24-00)

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9 2 7
2	12 8 10
3	1 1 1
4	1 1 1
5	1 1 1
6	0 0 0
7	0 0 0
8	0 0 0
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
15	✓ ✓ ✓
16	✓ ✓ ✓
17	✓ ✓ ✓
18	✓ ✓ ✓
19	0 0 0
20	0 0 0
21	0 0 0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here